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work Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449/PTO 10/710,809 **Application Number** Filing Date 8/4/04 INFORMATION DISCLOSURE Ryan D. Tasma et al. First Named Inventor STATEMENT BY APPLICANT 3682 Art Unit (Use as many sheets as necessary) **Examiner Name** SIE04 P-112A Sheet T **Attorney Docket Number** 

| Examiner<br>Initials* | Cite<br>No.  | Number-Kind Code a (1/ Insert) | Publication Date MM-DD-YYYY | Name of Patentee or<br>Applicant of Cited Document | Pages, Columns, Lines, Where<br>Relevant Passages or Relevant<br>Figures Appear |
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